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Bib Data Sheet

CONFIRMATION NO. 9535

|  |   |                                  |   |                                       |                                |
|--|---|----------------------------------|---|---------------------------------------|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/049,279   | <b>FILING DATE</b><br>02/11/2002<br><b>RULE</b>   | <b>CLASS</b><br>239              | <b>GROUP ART UNIT</b><br>3752   | <b>ATTORNEY DOCKET NO.</b><br>Q 68497 |                                |
| <b>APPLICANTS</b><br>Hideo Matsugi, Hino-shi, Tokyo, JAPAN;<br>Masahiko Dohi, Iwakuni-shi, Yamaguchi, JAPAN;<br>Yasuhide Uejima, Hino-shi, Tokyo, JAPAN;<br>Yuji Makino, Iwakuni-shi, Yamaguchi, JAPAN;  |   |                                  |   |                                       |                                |
| <b>** CONTINUING DATA</b> <i>YES 06/02/04</i><br>THIS APPLICATION IS A 371 OF PCT/JP01/04977 06/12/2001  |   |                                  |   |                                       |                                |
| <b>** FOREIGN APPLICATIONS</b> <i>YES 06/02/04</i><br>JAPAN 2000-174996 06/12/2000   |   |                                  |   |                                       |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i> |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>27             | <b>INDEPENDENT CLAIMS</b><br>2 |
| Verified and Acknowledged<br>Examiner's Signature <i>80 2/03/04</i> Initials   |   |                                  |   |                                       |                                |
| <b>ADDRESS</b><br>23373  |   |                                  |   |                                       |                                |
| <b>TITLE</b><br>Powdered medicine multi-dose administering device  |   |                                  |   |                                       |                                |
| <b>FILING FEE RECEIVED</b><br>1016   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |                                |